

SERIAL NUMBER 09/040,485	FILING DATE 03/17/98	CLASS 530	GROUP ART UNIT 1643	ATTORNEY DOCKET NO. 8998/3
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ATTORNEY

JAMES A. RADOSEVICH, ROCKFORD, IL.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED

JB

*None*

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED

JB

*None*

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED

JB

*None*

FOREIGN FILING LICENSE GRANTED 04/13/98

\*\*\*\*\* SMALL ENTITY \*\*\*\*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IL	SHEETS DRAWING 3	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 7
Verified and Acknowledged <u>JB</u> Examiner's Initials		Initials			

ADDRESS	Alice O. Martin	ATTORNEY
	BARNES & THORNBERG 200 West Madison Street, Suite 200 Chicago, Illinois 60606	

~~GENE ENCODING A NOVEL MARKER FOR CANCER~~

*Inc* **F** Cancer Marker Protein and Peptides thereof

FILING FEE RECEIVED  \$559	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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<b>SERIAL NUMBER</b> <p style="text-align: center;">09/040,485</p>	<b>FILING DATE</b> <p style="text-align: center;">03/17/98</p>	<b>CLASS</b> <p style="text-align: center;">530</p>	<b>GROUP ART UNIT</b> <p style="text-align: center;">1643</p>	<b>ATTORNEY DOCKET NO.</b> <p style="text-align: center;">8998/3</p>
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APPLICANT

JAMES A. RADOSEVICH, ROCKFORD, IL.

  
  

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***  
VERIFIED

\_\_\_\_\_

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***  
VERIFIED

\_\_\_\_\_

  
  
  

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***  
VERIFIED

\_\_\_\_\_

  
  
  

FOREIGN FILING LICENSE GRANTED 04/13/98
\*\*\*\*\* SMALL ENTITY \*\*\*\*\*

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Examiner's Initials</span> <span>Initials</span> </div>	STATE OR COUNTRY  IL	SHEETS DRAWING  3	TOTAL CLAIMS  18	INDEPENDENT CLAIMS  7
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ADDRESS

BRINKS HOFER GILSON AND LIONE  
NBC TOWER  
SUITE 3600  
POST OFFICE BOX 10395  
CHICAGO IL 60610

TITLE

GENE ENCODING A NOVEL MARKER FOR CANCER

<b>FILING FEE RECEIVED</b>  <p style="text-align: center;">\$559</p>	<b>FEES: Authority has been given in Paper</b> No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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